

7008209

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One)

- ☒ Motors Liquidation Company (f/k/a General Motors Corporation)  
☐ MLCS, LLC (f/k/a Saturn, LLC)  
☐ MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)  
☐ MLC of Harlem, Inc (f/k/a Chevrolet-Saturn of Harlem, Inc)

Case No

09-50026 (REG)  
09-50027 (REG)  
09-50028 (REG)  
09-13558 (REG)

Your Claim is Scheduled As Follows.

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 501.

Name of Creditor (the person or other entity to whom the debtor owes money or property) DAVID VOLPE

Name and address where notices should be sent  
DAVID VOLPE

240 BERRY GLEN CT  
Alpharetta GA 30022

☐ Check this box to indicate that this claim amends a previously filed claim

Court Claim Number \_\_\_\_\_  
(if known)

Filed on \_\_\_\_\_

Telephone number

Email Address DVOLPE@NETZERO.NET

Name and address where payment should be sent (if different from above)

FILED - 62390  
MOTORS LIQUIDATION COMPANY  
F/K/A GENERAL MOTORS CORP  
SDNY # 09-50026 (REG)

Telephone number

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form EXCEPT AS FOLLOWS. If the amount shown is listed as DISPUTED, UNLIQUIDATED or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

1 Amount of Claim as of Date Case Filed, June 1, 2009

\$ 157,431.00

If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2 Basis for Claim: VALUE OF DIMINISHED + CANCELLED HEALTH CARE BENEFITS  
(See instruction #2 on reverse side) - AS A SALARIED RETIREE

3 Last four digits of any number by which creditor identifies debtor 0704

3a Debtor may have scheduled account as

(See instruction #3a on reverse side)

4 Secured Claim (See instruction #4 on reverse side)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☐ Other  
Describe:

Value of Property \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim, if any \$

Basis for perfection.

Amount of Secured Claim \$ Amount Unsecured \$

6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7 Documents Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of redacted on reverse side)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

ATTACHMENTS - 2 PAGES

5 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to \$10,950\*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

☐ Up to \$2,425\* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 507(b)(9) (§ 507(a)(2)).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)( )

Amount entitled to priority

\*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date 11/21/09

Signature. The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney if any.

DAVID R. VOLPE

David R. Volpe

11-21-2009

FOR COURT USE ONLY



9392080833



### PROOF OF CLAIM

Case No.  
09-50026 (REG)  
09-50027 (REG)  
09-50028 (REG)  
09-13558 (REG)

11-21-2009

**FOR COURT USE ONLY**

[illegible]

9392080833

①

DAVID R. VOLPE  
240 BERRY GLEN CT.  
ALPHARETTA, GA 30022

11/21/2009 GM BANKRUPTCY CLAIM ATTACHMENT  
DIMINISHED & CANCELLED HEALTH CARE BENEFITS

PRE-AGE 65 BENEFIT LOSS

AS ANNOUNCED BY G.M. { 2009 COST TO GM - ALL <sup>SALARIED</sup> HEALTH CARE BENEFITS = \$5500/YR/PERSON  
2010 REDUCED COST TO GM - " " " " = \$4140/YR/PERSON  
LOSS OF BENEFIT = \$1360/YR/PERSON

DAVID VOLPE, AGE 58 1-1-2010, D.O.B. 1-27-1951  
#YRS REMAINING UNTIL AGE 65 = 6.08 YRS.

$$\text{BENEFIT LOSS} = 6.08 \text{ YRS} \times \$1360/\text{YR} = \$8,269 \\ (6 \text{ YRS, 1 MO.})$$

MARY JEAN VOLPE, SPOUSE, AGE 57 1-1-2010, D.O.B. 5-8-1952  
#YRS. REMAINING UNTIL AGE 65 = 7.42 YRS.

$$\text{BENEFIT LOSS} = 7.42 \text{ YRS} \times \$1360/\text{YR} = \$10,091 \\ (7 \text{ YRS, 5 MOS.})$$

POST-AGE 65 BENEFIT LOSS

DAVID VOLPE, BEGINNING FEB 2016  
 $(22.77^* - 6.08) \text{ YRS} \times (\$5500 - \$3600^{**}) = \$31,711$

\*\* - \$3600 REPRESENTS \$300/MO. LEVEL BENEFIT ADDED TO PENSION <sup>>65</sup> BY GM

MARY JEAN VOLPE, BEGINNING JUN 2017  
 $(26.94^* - 7.42) \text{ YRS.} \times (\$5500) = \$107,360$

\* - AVG LIFE EXPECTANCY - SSA ACTUARIAL TABLE FROM [WWW.SSA.GOV/OACT/STATS/TABLE4C6.HTML](http://WWW.SSA.GOV/OACT/STATS/TABLE4C6.HTML)

(2)

DAVID R. VOLPE  
240 BERRY GLEN CT.  
ALPHARETTA, GA 30022

11/21/2009 GM BANKRUPTCY CLAIM ATTACHMENT  
DIMINISHED & CANCELLED HEALTH CARE BENEFITS

SUMMARY CALCS.

<u>INDIVID.</u>	<u>BENEFIT LOSS</u>		
	<u>PRE-65</u>	<u>POST-65</u>	<u>TOTAL</u>
DAVID VOLPE	* 8,269	* 31,711	* 39,980
MARY JEAN VOLPE, spouse	* 10,091	* 107,360	* 117,451
			* <u>157,431</u>